

**OFFICER'S BATTERY REPORT**  
**CHICAGO POLICE DEPARTMENT**

RD NO.

**HV197819**

**INSTRUCTIONS:** This form is to be completed for all incidents when: (1) a sworn member is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while performing a police function either on-duty or off-duty, (2) a detention aide is the victim of a murder, aggravated battery, battery, aggravated assault, or assault while in the performance of his or her duties.

**"X APPLICABLE BOXES"**

OFFICER INFORMATION		INCIDENT INFORMATION	
NAME (LAST - FIRST - M.I.) <b>JONES, CALVIN D</b>		<input type="checkbox"/> 1. INDOOR	<input checked="" type="checkbox"/> 2. OUTDOOR
STAR NO. <b>10669</b>	POSITION <b>POLICE OFFICER</b>	ADDRESS OF OCCURRENCE <b>5155 W LAKE ST</b>	
DATE OF APPOINTMENT <b>29-MAY-2001</b>	EMPLOYEE NO. [REDACTED]	CITY <input checked="" type="checkbox"/> CHICAGO	STATE (If outside Chicago)
UNIT OF ASSIGNMENT <b>D15</b>	BEAT/CALL NO. <b>1563D</b>	LOCATION CODE <b>277-PARKING LOT/GARAGE(NON.RE)</b>	BEAT OF OCCURRENCE <b>1532</b>
SEX <input checked="" type="checkbox"/> 1. M. <input type="checkbox"/> 2. F.	RACE <b>BLACK</b>	DATE OF OCCURRENCE <b>14-MAR-2012</b>	TIME <b>20:32:00</b>
HEIGHT <b>510</b>	WEIGHT <b>190</b>	DAY OF WEEK <b>WEDNESDAY</b>	
NO. OF OFFICERS BATTERED <b>4</b>			
WERE THERE ASSISTING UNITS ON SCENE? 1. <input checked="" type="checkbox"/> YES 2. <input type="checkbox"/> NO			
IF YES HOW MANY ASSISTING OFFICERS WERE PRESENT AT TIME BATTERY (EXCLUDING YOU OR YOUR PARTNERS)? <b>7</b>			
TYPE OF ASSIGNMENT WHEN BATTERY OCCURRED			
<input checked="" type="checkbox"/> 1. ON DUTY <input type="checkbox"/> A. UNIFORM, PATROL DUTY <input type="checkbox"/> B. UNIFORM, OTHER DUTY Describe _____		WORKING: <input type="checkbox"/> A. ALONE <input type="checkbox"/> B. WITH ONE PARTNER <input checked="" type="checkbox"/> C. WITH MULTIPLE PARTNERS How many? <b>4</b> PATROL TYPE: <input checked="" type="checkbox"/> A. SQUAD CAR <input type="checkbox"/> B. FOOT <input type="checkbox"/> C. BICYCLE <input type="checkbox"/> D. APV/MOTORCYCLE <input type="checkbox"/> E. SQUADROL <input type="checkbox"/> F. OTHER _____	
<input type="checkbox"/> 2. OFF DUTY <input type="checkbox"/> 3. SPECIAL EMPLOYMENT <input type="checkbox"/> 4. SECONDARY / OTHER			
MANNER OF ATTACK			
<input type="checkbox"/> 01. SHOT <input type="checkbox"/> 02. SHOT AT <input type="checkbox"/> 03. STABBED/CUT (INCLUDING ACTUAL ATTEMPT) <input type="checkbox"/> 04. STRUCK/BLUNT FORCE (INCLUDING ACTUAL ATTEMPT) <input checked="" type="checkbox"/> 05. OTHER (INCLUDING VERBAL THREATS)			
TYPE OF WEAPON/THREAT			
(Check all that apply): <input checked="" type="checkbox"/> A. FIREARM CALIBER <b>9 MM</b> <input type="checkbox"/> B. REVOLVER <input checked="" type="checkbox"/> C. SEMI-AUTOMATIC <input type="checkbox"/> D. RIFLE <input type="checkbox"/> E. SHOTGUN <input type="checkbox"/> F. MOUTH (SPIT, BITE, ETC.) <input type="checkbox"/> G. VERBAL THREAT (ASSAULT) <input type="checkbox"/> H. OTHER (SPECIFY) _____			
TYPE OF ACTIVITY			
<input type="checkbox"/> A. AMBUSH - NO WARNING <input type="checkbox"/> B. TRAFFIC STOP/PURSUIT <input type="checkbox"/> C. INVESTIGATING SUSPICIOUS PERSON <input type="checkbox"/> D. DISTURBANCE - DOMESTIC <input type="checkbox"/> E. DISTURBANCE - MENTAL PATIENT <input type="checkbox"/> F. DISTURBANCE - RIOT/MOB ACTION/CIVIL DISORDER <input type="checkbox"/> G. DISTURBANCE - OTHER <input type="checkbox"/> H. MAN WITH A GUN <input type="checkbox"/> I. PURSUING/ARRESTING OFFENDER (Specify) CHARGE _____ IUCR CODE _____			
<input type="checkbox"/> J. PROCESSING/TRANSPORTING/GUARDING A PRISONER (Specify) ORIGINAL CHARGE _____ ORIGINAL IUCR CODE _____			
<input checked="" type="checkbox"/> K. OTHER _____			
FIREARM USE INFORMATION (Check all that apply):			
<input checked="" type="checkbox"/> A. OFFICER AT GUNPOINT <input type="checkbox"/> B. OFFICER'S OWN WEAPON OBTAINED <input type="checkbox"/> C. ATTEMPTED TO OBTAIN OFFICER'S OWN WEAPON			
OFFENDER INFORMATION			
SEX <input checked="" type="checkbox"/> 1. M. <input type="checkbox"/> 2. F.	RACE <b>BLACK</b>	DOB [REDACTED]	IR NO. <b>18382898</b>
CB NO.			
WAS THE OFFENDER'S ACTIVITY DRUG RELATED?			
<input type="checkbox"/> 1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> 3. UNKNOWN			
GANG RELATED?			
<input type="checkbox"/> 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/> 3. UNKNOWN			
NO. OF OFFENDERS PRESENT? <b>3</b>			
WEATHER CONDITIONS			
<input type="checkbox"/> A. DAYLIGHT <input checked="" type="checkbox"/> B. NIGHT <input type="checkbox"/> C. DAWN		<input type="checkbox"/> D. DUSK <input type="checkbox"/> E. ARTIFICIAL LIGHT 1. POOR <input type="checkbox"/> 2. GOOD	
<input checked="" type="checkbox"/> A. CLEAR <input type="checkbox"/> B. RAIN <input type="checkbox"/> C. SNOW		<input type="checkbox"/> D. FOG / SMOKE / HAZE <input type="checkbox"/> E. SLEET / HAIL <input type="checkbox"/> F. SEVERE CLOUDS	
G. OTHER			
APPROXIMATE OUTDOOR TEMPERATURE: <b>70</b> LOG # <b>1052578</b>			

**Unusual Circumstances Regarding Officer Control Tactics and Safety: (If you need more space use additional sheets).**

**REPORTING MEMBER - SIGNATURE**  
**JONES, CALVIN D**

**STAR NO.**  
**10669**

**WATCH COMMANDER /UNIT COMMANDING OFFICER- SIGNATURE STAR NO.**  
**ESCALANTE, JOHN J**

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